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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL Djou Hawaii]	
ADDRESS (number and street) P.O. BOX 235280			_	
CITY, STATE, and ZIP CODE				
HONOLULU	HI 968	23-3504		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATIO	N NUMBER
Charles K Djou	House HI 01		C00558833	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON		/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Ms. June Ho Chung	Allen Broadcasting/Asia Network		day, year)	
5	_		10/16/2014	1000.00
1188 Bishop St PH1				
	Transaction ID: 0021884			
Honolulu HI 96813	Occupation			
B. FULL NAME. MAILING ADDRESS AND ZIP CODE	TV Executive		Date (month,	Amount
, italia si Empisya			day, year)	Amount
Dr. Philip H K Kuo MD	Medical Clinic Inc			
2495 Makiki Heights Dr			10/16/2014	1000.00
2 100 Marina 110 grad 2.	Transaction ID: 0021885			
	Occupation			
Honolulu HI 96822	Physician			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
			day, year)	
	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation		Date (month, day, year)	Amount
SIGNATURE (optional) Chris S Mashiba	DATE 10/17/2014 [Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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